Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	7/2 <u>9/10</u>	Address:	3500 N Cr 75 W
Case #:	<u>52-4</u> 8 <u>532</u>		<u>Frankl</u> in <u>, IN</u>
County:	<u>Johnson</u>		
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
	al/Glassware/Equipment (only) ite (only)	☐ Outbuilding☐ Vehicle	Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lifbium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Open Air Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Open Air Corrosive Acid: Open Air Corrosive Base: Open Air Other (item and location): Ammonia Nitrate, Open Air			
Child under age 18 discovered (check one) Yes (number present) No If yes, fax report to Child Protective Services This report is to be faxed to the following agence		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
Fire Departs Health Depa Child Protec	ment: WHITFLAND VID artment: Johnson Co. Health ction Service:	Fax: <u>317-53</u> Fax: <u>(317)</u> Fax:	35-8280 736-5264
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tom Egler</u> Phone 317-234-4591			

*** This form is to be included with the case fife, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.